

Maricopa County Environmental Services Department
Stormwater Quality Program
 (Delegated Authority for ADEQ)
1001 N Central Ave, Suite 201
Phoenix, AZ 85004
Phone: (602) 506-1569
Fax: (602) 372-0631



PRE-CONSTRUCTION
STORMWATER QUALITY APPLICATION

STORMWATER Tracking #

Instructions: Fill out completely (**failure to do so will result in a delay of the permitting process**) and submit this application to obtain plan approval. All required information must be submitted along with this application and applicable fees. **Print or type in black or blue INK** (pencil is not acceptable) all information except the signature block on page two. This application will expire one year from the date of submittal if plan approval has not been issued.

1. Site Location:

Subject Property Address: _____
Street Name and Number City (if applicable) Maricopa County, AZ Zip Code

Cross Streets: _____ Parcel Number _____ - _____ - _____ ()

Subdivision Name (if applicable): _____ Lot #(s) _____

Legal Description: Section _____ Township _____ Range _____

Latitude/Longitude: (in degrees, minute, sec.) _____ ° _____ ' _____ " N _____ ° _____ ' _____ " W

2. Property Owner:

Name: _____ Phone # _____

Current Mailing Address*: _____
Street Name and Number City State Zip Code

Fax # _____

Mobile # _____

E-mail: _____

*Any changes to this address shall be submitted in writing to MCESD within 15 days of the change. All documents from MCESD will be mailed to this address unless otherwise noted below. Returned mail will not be forwarded.

3. Person Responsible for On-Site SWPPP Implementation:

Business Name: _____ Contractor License # _____

Agent's Name: _____ Phone # _____

Business Mailing Address: _____
Street Name and Number City State Zip Code

Fax # _____

Mobile # _____

E-mail: _____

4. Other Contact Information:

Business Name: _____ Contact Person Name: _____ Contractor's License # _____

Business Mailing Address: _____
Street Name and Number City State Zip Code

Phone # _____

Fax # _____

Mobile # _____

E-mail: _____

THIS IS A TWO (2) PAGE DOCUMENT; BOTH PAGES MUST BE COMPLETED BEFORE SUBMITTING TO MCESD.

THIS SPACE FOR OFFICE USE ONLY

LICENSING TIME FRAMES

Application Log in Date _____ By _____
Paperwork Review

Pre Const Review Completed _____ By _____
Plan Review

Pre Const -Incomplete/HOLD _____ By _____

Pre Const Inspection _____ By _____

Notes:

BILLING PURPOSE	AMT PD	RECEIPT #	DATE PD
Pre-Construction			
Site Inspection			
Other			
Other			

5. Site Details:

Project Name: _____

Brief Description of Project: _____

Construction Start Date: _____ Projected Length of Project: _____

Have you identified any Non-Stormwater Discharges? YES NO

If yes, please identify: _____

Total Project Size: _____ Acres Size of Operations: _____ Acre(s)

Type of Project (subdivision, residential, commercial, road, pipeline, utility, etc.): _____

6. ADEQ Authorization Number:

AZCON- _____

7. Other Permits:List any county, state or federal permits already associated with this site or that are needed (**List all that apply, incl. permit numbers**):_____

_____**8. Closest Receiving Water:**

Identify the closest receiving waters to construction site (dry washes, named water bodies, and unnamed tributaries)

Watershed: _____ Closest Water: _____ Perennial Water: _____

9. Detailed Driving Directions to Property:_____

_____**10. Special Comments:**_____
_____**11. Certification: (READ CAREFULLY AND SIGN BELOW, to be completed by the property owner identified in Item Two (2) on the front of this application:**I _____, certify that this Stormwater plan review application and all attachments were
Print nameprepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. **I am aware that there are significant penalties for submitting false information including approval revocation as well as the possibility of fine and imprisonment for known violations.**_____
Signature_____
Date